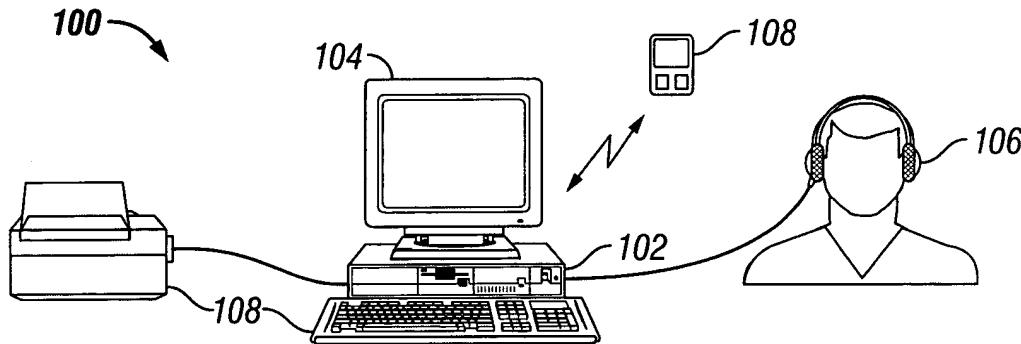




## **REPLACEMENT SHEET**

1/19



**FIG. 1**

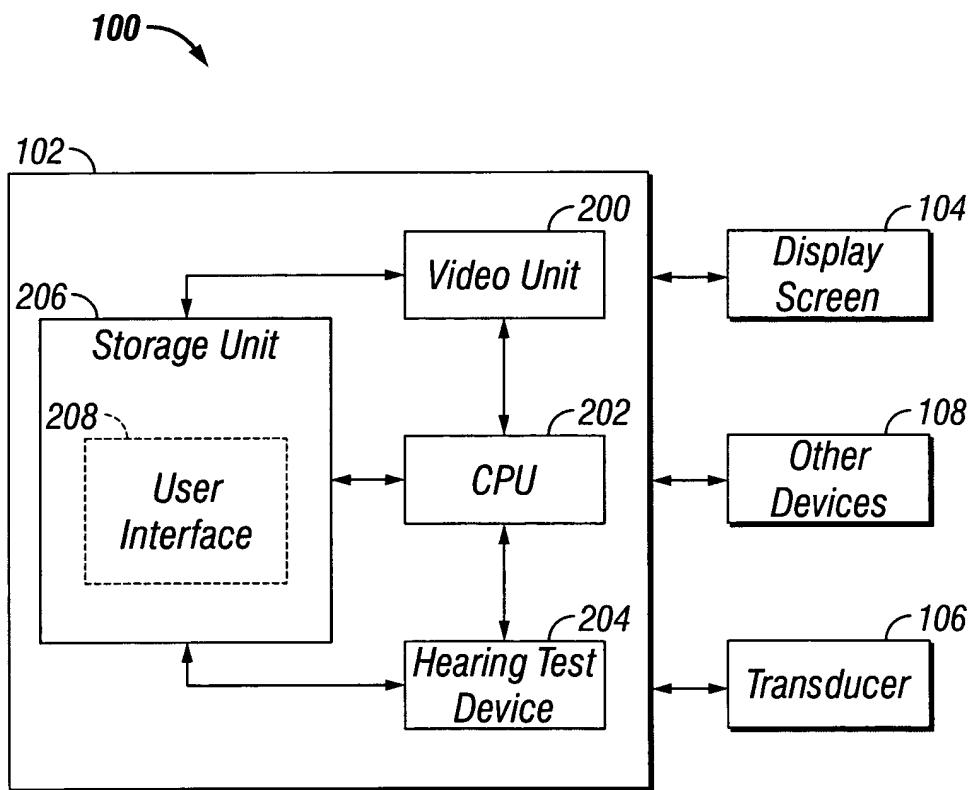
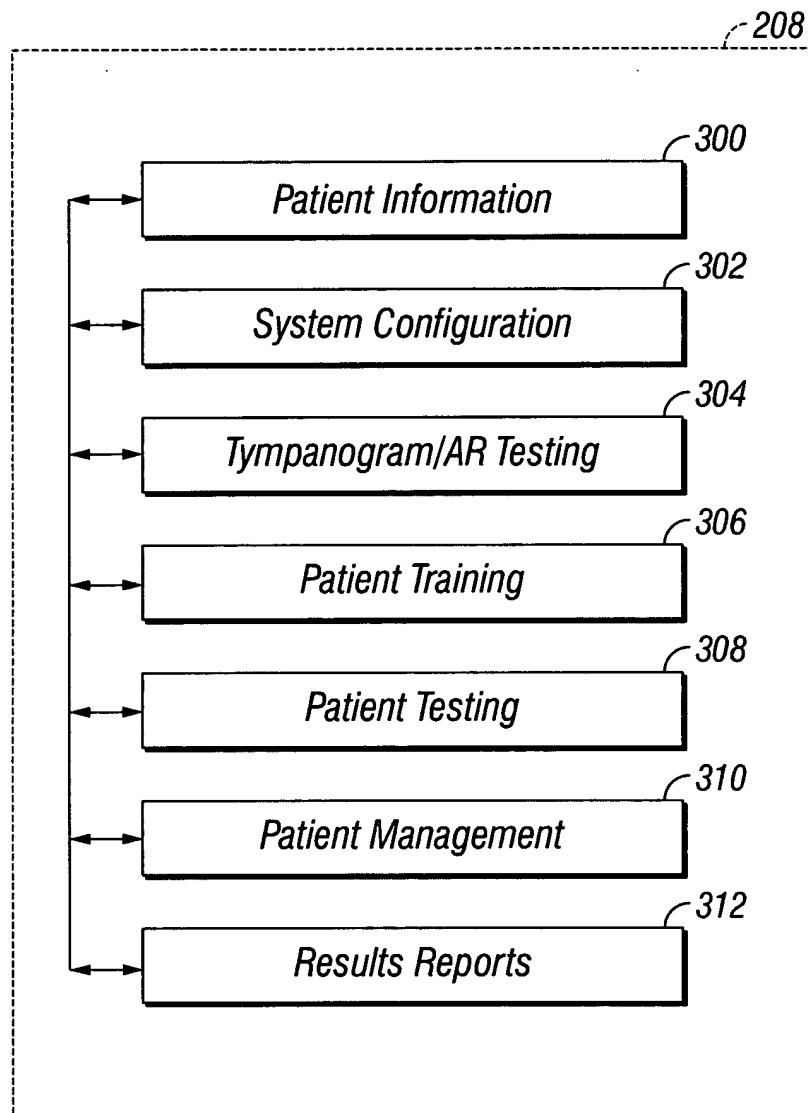


FIG. 2

**REPLACEMENT SHEET**

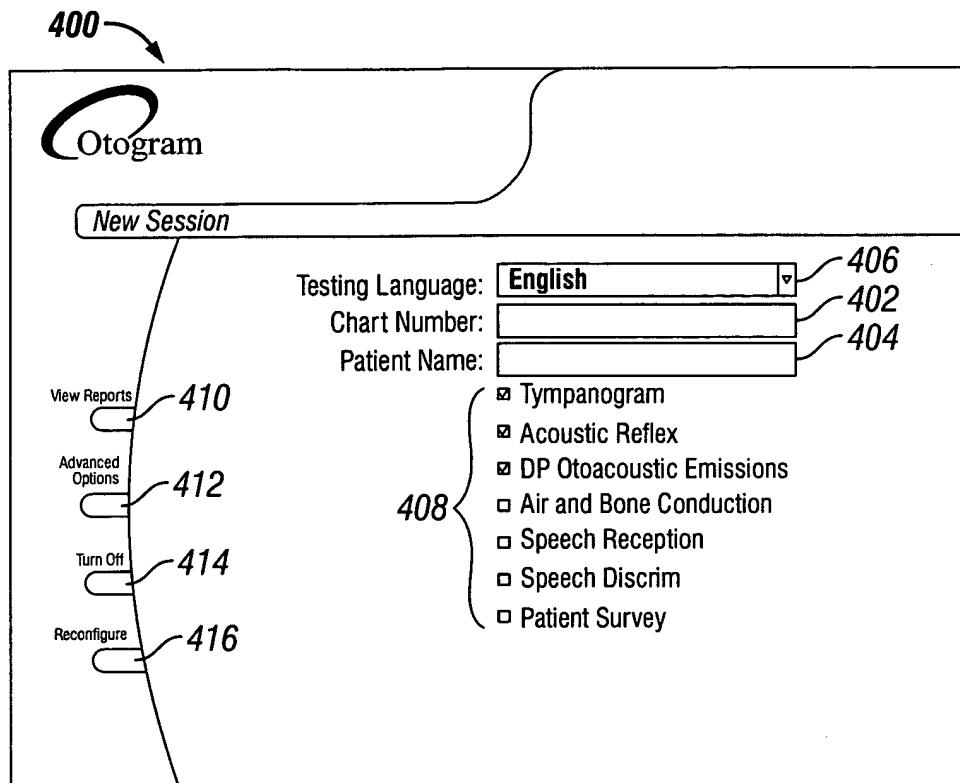
**2/19**



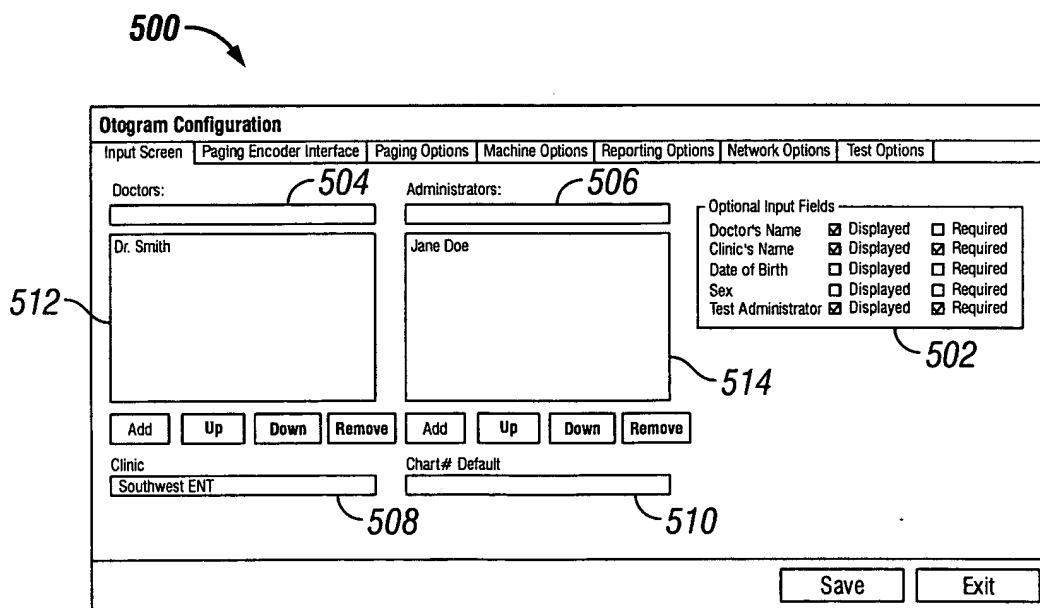
**FIG. 3**

# REPLACEMENT SHEET

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**FIG. 4**



**FIG. 5A**

# REPLACEMENT SHEET

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**520** →

Oogram Configuration	
Input Screen   Paging Encoder Interface   Paging Options   Machine Options   Reporting Options   Network Options   Test Options	
<p><b>522</b></p> <p><input checked="" type="checkbox"/> <b>Paging Encoder is Attached</b></p> <p>Communications Port: <input type="text" value="1"/></p> <p>Encoder ID: <input type="text" value="WaveWare Paging Encoder"/></p> <p>Encoder Timeout: <input type="text" value="500"/></p> <p>Pager CapCode: <input type="text" value="0000100"/></p> <p>Pager Data Rate: <input type="text" value="5"/></p>	
<input type="button" value="Save"/> <input type="button" value="Exit"/>	

**FIG. 5B**

**530** →

Oogram Configuration	
Input Screen   Paging Encoder Interface   <b>Paging Options</b>   Machine Options   Reporting Options   Network Options   Test Options	
<p><b>532</b></p> <p><b>534</b></p> <p><b>536</b></p> <p><b>538</b></p> <p><input checked="" type="checkbox"/> Page Administrator at end of testing session</p> <p><input type="checkbox"/> Page Administrator at end of each test</p> <p><input checked="" type="checkbox"/> Page Administrator after inactivity threshold</p> <p><input checked="" type="checkbox"/> Page Administrator after inability to reach pure tone threshold</p>	<p>Page Format [%N-Patient Name, %T-Test Name.]</p> <p>%N's Oogram is completed.</p> <p>%N has completed the %T test.</p> <p>%N is not progressing through the %T test.</p> <p>Inactivity Threshold (in seconds) <input type="text" value="120"/></p> <p>%N is not progressing through the %T test.</p> <p>Inability Threshold (in seconds) <input type="text" value="360"/></p>
<span style="margin-right: 20px;"><input type="button" value="Save and Exit"/></span> <input type="button" value="Exit"/>	

**FIG. 5C**

# REPLACEMENT SHEET

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544 →

Otogram Configuration

Input Screen	Paging Encoder Interface	Paging Options	Machine Options	Reporting Options	Network Options	Test Options
--------------	--------------------------	----------------	-----------------	-------------------	-----------------	--------------

Machine Identifier

546

Save      Exit

FIG. 5D

548 →

Otogram Configuration

Input Screen	Paging Encoder Interface	Paging Options	Machine Options	Reporting Options	Network Options	Test Options
--------------	--------------------------	----------------	-----------------	-------------------	-----------------	--------------

Number of reports to print automatically at end of testing session

1      550

0      552

Minimum intensity to report

Save      Exit

FIG. 5E

# REPLACEMENT SHEET

**6/19**

**554** ↘

OtoGram Configuration						
<a href="#">Input Screen</a>   <a href="#">Paging Encoder Interface</a>   <a href="#">Paging Options</a>   <a href="#">Machine Options</a>   <a href="#">Reporting Options</a>   <a href="#">Network Options</a>   <a href="#">Test Options</a>						
<input style="width: 100px; margin-bottom: 5px;" type="text" value="556"/> Web server root <input style="width: 200px;" type="text" value="c:\inetpub\wwwroot\"/>						
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>						

**FIG. 5F**

**560** ↘

OtoGram Configuration																						
<a href="#">Input Screen</a>   <a href="#">Paging Encoder Interface</a>   <a href="#">Paging Options</a>   <a href="#">Machine Options</a>   <a href="#">Reporting Options</a>   <a href="#">Network Options</a>   <a href="#">Test Options</a>																						
<input checked="" type="radio" value="Speech Reception Threshold"/> <input type="radio" value="Survey"/> <input type="radio" value="DP Otoacoustic Emissions"/>																						
<input type="radio" value="Pure Tone Air &amp; Bone Conduction"/> <input checked="" type="radio" value="Tympanometry"/> <input type="radio" value="Acoustic Reflex"/> <input type="radio" value="Speech Discrimination"/>																						
<b>564</b> { <input style="width: 100px; margin-bottom: 5px;" type="text" value="568"/> Name <input type="text" value="A&amp;B"/> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: fit-content;"> <tr> <td style="padding: 2px;">250</td> <td style="padding: 2px;">500</td> <td style="padding: 2px;">1K</td> <td style="padding: 2px;">2K</td> <td style="padding: 2px;">3K</td> <td style="padding: 2px;">4K</td> <td style="padding: 2px;">6K</td> <td style="padding: 2px;">8K</td> </tr> <tr> <td style="padding: 2px;">○</td> </tr> </table> Always <input type="radio"/> <input style="margin-left: 10px; border: 1px solid black; padding: 2px; width: 20px; height: 15px;" type="radio"/> Never <input type="radio"/> <input style="margin-left: 10px; border: 1px solid black; padding: 2px; width: 20px; height: 15px;" type="radio"/> As Needed <input type="radio"/> <input style="margin-left: 10px; border: 1px solid black; padding: 2px; width: 20px; height: 15px;" type="radio"/> <input type="checkbox" value="Always mask bone"/> <b>574</b> <b>566</b>							250	500	1K	2K	3K	4K	6K	8K	○	○	○	○	○	○	○	○
250	500	1K	2K	3K	4K	6K	8K															
○	○	○	○	○	○	○	○															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>570</b>   <small>PTA is defined as average of:</small> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 2 best of 500Hz, 1kHz and 2kHz</li> <li><input type="radio"/> 500Hz + best of 1kHz or 2kHz</li> <li><input type="radio"/> 500Hz, 1kHz and 2kHz</li> <li><input type="radio"/> 500Hz, 1kHz, 2kHz, 3 or 4kHz</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>572</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>562</b> </div>																						
<b>Test Selection Defaults</b> <input checked="" type="checkbox"/> Tympanometry																						
<input checked="" type="checkbox"/> Acoustic Reflex																						
<input checked="" type="checkbox"/> DP Otoacoustic Emissions																						
<input type="checkbox"/> Air and Bone Conduction																						
<input type="checkbox"/> Speech Reception Threshold																						
<input type="checkbox"/> Speech Discrimination																						
<input type="checkbox"/> Patient Survey																						
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>																						

**FIG. 5G**

# REPLACEMENT SHEET

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**560** →

Otogram Configuration																				
<input type="button" value="Input Screen"/> <input type="button" value="Paging Encoder Interface"/> <input type="button" value="Paging Options"/> <input type="button" value="Machine Options"/> <input type="button" value="Reporting Options"/> <input type="button" value="Network Options"/> <input type="button" value="Test Options"/>																				
<input type="button" value="Speech Reception Threshold"/> <input type="button" value="Survey"/> <input type="button" value="DP Otoacoustic Emissions"/>																				
<input type="button" value="Pure Tone Air &amp; Bone Conduction"/> <input type="button" value="Tympanometry"/> <input type="button" value="Acoustic Reflex"/> <input type="button" value="Speech Discrimination"/>																				
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <b>Name</b> <input type="text" value="Tympanogram"/> <span style="float: right;"><b>578</b></span> </div> <div style="margin-bottom: 5px;"> <b>Comm Port</b> <input type="text" value="4"/> <input type="radio"/> Zodiac 901 <input type="radio"/> GSI-38 <input checked="" type="radio"/> Fluffy <input type="radio"/> No Tymp Attached         </div> <div style="margin-bottom: 10px;"> <b>Starting Pressure (daPa)</b> <input type="text" value="-400"/> <span style="float: right;"><b>580</b></span> </div> <div style="margin-bottom: 10px;"> <b>Ending Pressure (daPa)</b> <input type="text" value="200"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 0.8em;"> <span>Left</span> <span>Right</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">0.5 cm<sup>3</sup></td> <td style="width: 25%; text-align: center;"><input type="text" value="0"/></td> <td style="width: 25%; text-align: center;"><input type="button" value="Cal"/></td> <td style="width: 50%;">-25.76</td> <td style="width: 25%; text-align: center;"><input type="button" value="Cal"/></td> </tr> <tr> <td>2.0 cm<sup>3</sup></td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="button" value="Cal"/></td> <td>-21.21</td> <td style="text-align: center;"><input type="button" value="Cal"/></td> </tr> <tr> <td>4.0 cm<sup>3</sup></td> <td style="text-align: center;"><input type="text" value="0"/></td> <td style="text-align: center;"><input type="button" value="Cal"/></td> <td>-17.61</td> <td style="text-align: center;"><input type="button" value="Cal"/></td> </tr> </table> </div> <div style="margin-bottom: 10px;"> <span style="font-weight: bold; color: #0000ff;"><u>576</u></span> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <b>Test Selection Defaults</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Tympanometry  <input checked="" type="checkbox"/> Acoustic Reflex  <input checked="" type="checkbox"/> DP Otoacoustic Emissions  <input type="checkbox"/> Air and Bone Conduction  <input type="checkbox"/> Speech Reception Threshold  <input type="checkbox"/> Speech Discrimination  <input type="checkbox"/> Patient Survey       </div> <div style="flex: 1; text-align: right;"> <span style="font-weight: bold; color: #0000ff;"><u>582</u></span> <span style="font-weight: bold; color: #0000ff;"><u>562</u></span> </div> </div>						0.5 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-25.76	<input type="button" value="Cal"/>	2.0 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-21.21	<input type="button" value="Cal"/>	4.0 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-17.61	<input type="button" value="Cal"/>
0.5 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-25.76	<input type="button" value="Cal"/>																
2.0 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-21.21	<input type="button" value="Cal"/>																
4.0 cm <sup>3</sup>	<input type="text" value="0"/>	<input type="button" value="Cal"/>	-17.61	<input type="button" value="Cal"/>																
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>																				

**FIG. 5H**

**560** →

Otogram Configuration					
<input type="button" value="Input Screen"/> <input type="button" value="Paging Encoder Interface"/> <input type="button" value="Paging Options"/> <input type="button" value="Machine Options"/> <input type="button" value="Reporting Options"/> <input type="button" value="Network Options"/> <input type="button" value="Test Options"/>					
<input type="button" value="Speech Reception Threshold"/> <input type="button" value="Survey"/> <input type="button" value="DP Otoacoustic Emissions"/>					
<input type="button" value="Pure Tone Air &amp; Bone Conduction"/> <input type="button" value="Tympanometry"/> <input type="button" value="Acoustic Reflex"/> <input type="button" value="Speech Discrimination"/>					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <b>Name</b> <input type="text" value="Acoustic Reflex"/> <span style="float: right;"><b>584</b></span> </div> <div style="margin-bottom: 5px;"> <b>Ipsilateral</b> <input checked="" type="checkbox"/> <b>Contralateral</b> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;"> <b>500</b> <input checked="" type="checkbox"/> </div> <div style="width: 30%;"> <b>Initial dB Level</b> <input type="text" value="75"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;"> <b>1K</b> <input checked="" type="checkbox"/> </div> <div style="width: 30%;"> <b>dB Increment Size</b> <input type="text" value="10"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;"> <b>2K</b> <input checked="" type="checkbox"/> </div> <div style="width: 30%;"> <b>Reflex Threshold (cm<sup>3</sup>)</b> <input type="text" value="0.05"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;"> <b>4K</b> <input checked="" type="checkbox"/> </div> <div style="width: 30%;"></div> </div> <div style="margin-bottom: 10px;"> <span style="font-weight: bold; color: #0000ff;"><u>585</u></span> <span style="font-weight: bold; color: #0000ff;"><u>583</u></span> <span style="font-weight: bold; color: #0000ff;"><u>586</u></span> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> <b>Test Selection Defaults</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Tympanometry  <input checked="" type="checkbox"/> Acoustic Reflex  <input checked="" type="checkbox"/> DP Otoacoustic Emissions  <input type="checkbox"/> Air and Bone Conduction  <input type="checkbox"/> Speech Reception Threshold  <input type="checkbox"/> Speech Discrimination  <input type="checkbox"/> Patient Survey       </div> <div style="flex: 1; text-align: right;"> <span style="font-weight: bold; color: #0000ff;"><u>562</u></span> </div> </div>					
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>					

**FIG. 5I**

# REPLACEMENT SHEET

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**560** ↘

**589**

Otogram Configuration	
<a href="#">Input Screen</a>   <a href="#">Paging Encoder Interface</a>   <a href="#">Paging Options</a>   <a href="#">Machine Options</a>   <a href="#">Reporting Options</a>   <a href="#">Network Options</a>   <a href="#">Test Options</a>	
<input type="button" value="Speech Reception Threshold"/> <input type="button" value="Survey"/> <input type="button" value="DP Otoacoustic Emissions"/>	
<input type="button" value="Pure Tone Air &amp; Bone Conduction"/> <input type="button" value="Tympanometry"/> <input type="button" value="Acoustic Reflex"/> <input type="button" value="Speech Discrimination"/>	
<b>Name</b> <input type="text" value="Discrim"/> <b>588</b> <b>Presentation Base Level</b> <input type="text" value="AI"/> <b>Boost</b> <input type="text" value="0"/> <b>Presentation Type</b> <input type="text" value="Closed"/> <b>587</b> <b>Maximum Presentations</b> <input type="text" value="12"/> <b>Min Presentation Level</b> <input type="text" value="30"/> <b>Max Presentation Level</b> <input type="text" value="120"/> <b>Word List (Open Set, English Only)</b> <input type="text" value="W-22"/>	
<b>Test Selection Defaults</b> <input checked="" type="checkbox"/> Tympanometry <input checked="" type="checkbox"/> Acoustic Reflex <input checked="" type="checkbox"/> DP Otoacoustic Emissions <input type="checkbox"/> Air and Bone Conduction <input type="checkbox"/> Speech Reception Threshold <input type="checkbox"/> Speech Discrimination <input type="checkbox"/> Patient Survey	
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>	

**FIG. 5J**

**560** ↘

Otogram Configuration	
<a href="#">Input Screen</a>   <a href="#">Paging Encoder Interface</a>   <a href="#">Paging Options</a>   <a href="#">Machine Options</a>   <a href="#">Reporting Options</a>   <a href="#">Network Options</a>   <a href="#">Test Options</a>	
<input type="button" value="Pure Tone Air &amp; Bone Conduction"/> <input type="button" value="Tympanometry"/> <input type="button" value="Acoustic Reflex"/> <input type="button" value="Speech Discrimination"/>	
<input type="button" value="Speech Reception Threshold"/> <input type="button" value="Survey"/> <input type="button" value="DP Otoacoustic Emissions"/>	
<b>Name</b> <input type="text" value="SRT"/> <b>591</b> <b>590</b>	
<b>Test Selection Defaults</b> <input checked="" type="checkbox"/> Tympanometry <input checked="" type="checkbox"/> Acoustic Reflex <input checked="" type="checkbox"/> DP Otoacoustic Emissions <input type="checkbox"/> Air and Bone Conduction <input type="checkbox"/> Speech Reception Threshold <input type="checkbox"/> Speech Discrimination <input type="checkbox"/> Patient Survey	
<input type="button" value="Save and Exit"/> <input type="button" value="Exit"/>	

**FIG. 5K**

# REPLACEMENT SHEET

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560 →

Otogram Configuration

Input Screen | Paging Encoder Interface | Paging Options | Machine Options | Reporting Options | Network Options | Test Options

Pure Tone Air & Bone Conduction | Tympanometry | Acoustic Reflex | Speech Discrimination

Speech Reception Threshold | Survey | DP Otoacoustic Emissions

Name: Survey      } 593  
Survey Name: HHIE      }

Test Selection Defaults:

- Tympanometry
- Acoustic Reflex
- DP Otoacoustic Emissions
- Air and Bone Conduction
- Speech Reception Threshold
- Speech Discrimination
- Patient Survey

592      562

Save and Exit | Exit

FIG. 5L

560 →

Otogram Configuration

Input Screen | Paging Encoder Interface | Paging Options | Machine Options | Reporting Options | Network Options | Test Options

Pure Tone Air & Bone Conduction | Tympanometry | Acoustic Reflex | Speech Discrimination

Speech Reception Threshold | Survey | DP Otoacoustic Emissions

Name: DP Otoacoustic Emissions      } 595  
596      }

	Test	Response Floor	Noise Ceiling	L1 (db)
500	<input checked="" type="checkbox"/>	-5	15	60
1K	<input checked="" type="checkbox"/>	-5	0	50
2K	<input checked="" type="checkbox"/>	-5	-10	
4K	<input checked="" type="checkbox"/>	-5	-15	

Test Selection Defaults:

- Tympanometry
- Acoustic Reflex
- DP Otoacoustic Emissions
- Air and Bone Conduction
- Speech Reception Threshold
- Speech Discrimination
- Patient Survey

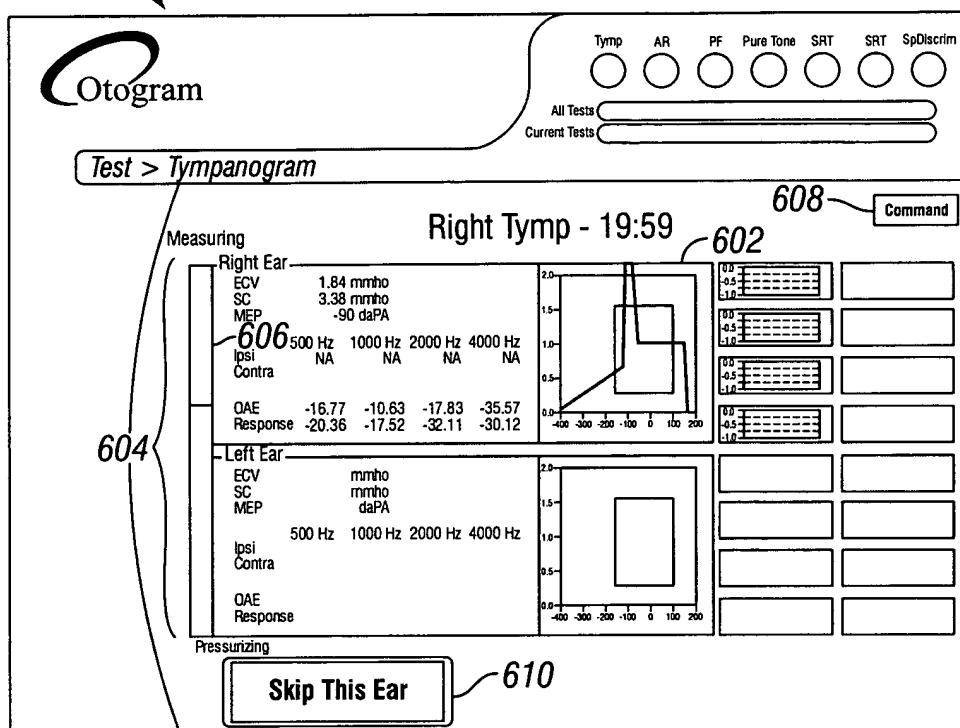
594      562

Save and Exit | Exit

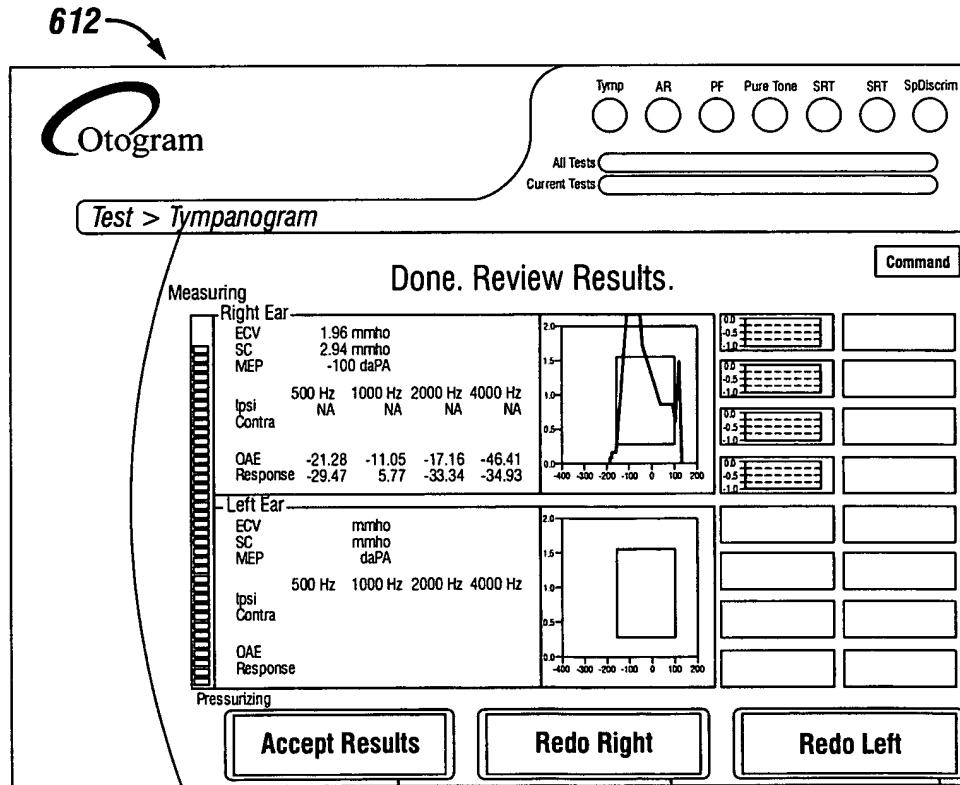
FIG. 5M

# REPLACEMENT SHEET

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**FIG. 6A**



**FIG. 6B**

# REPLACEMENT SHEET

11/19  
700

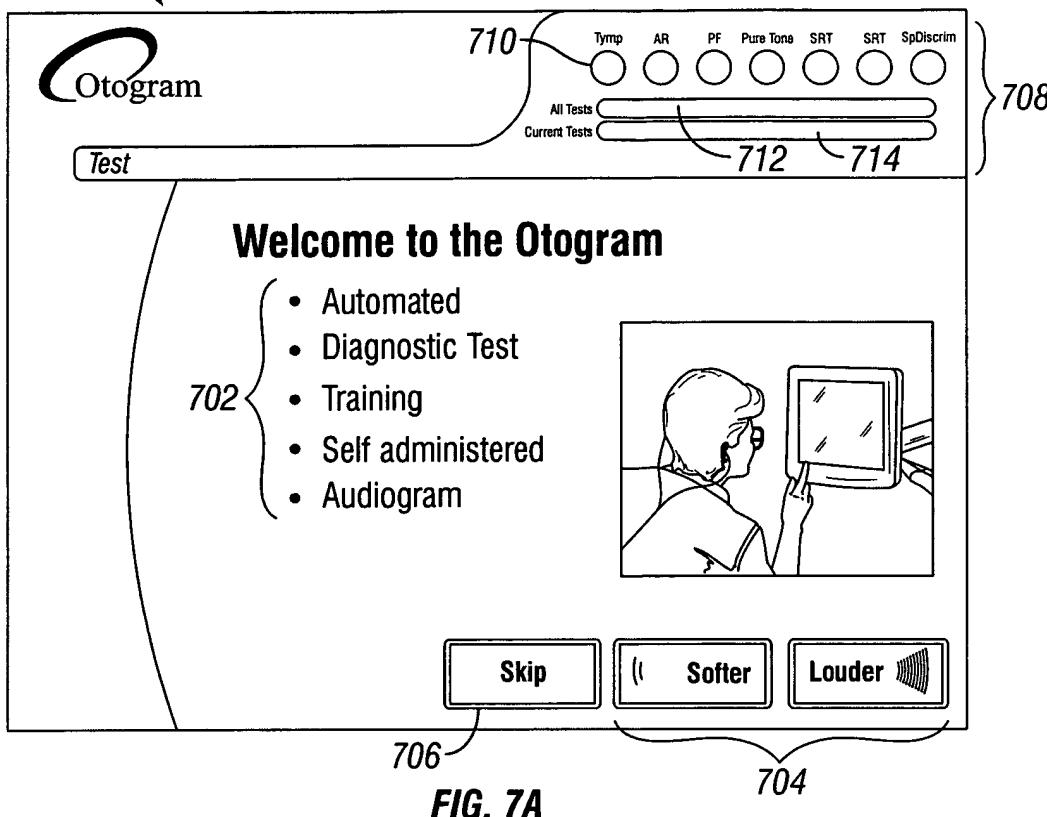


FIG. 7A

720

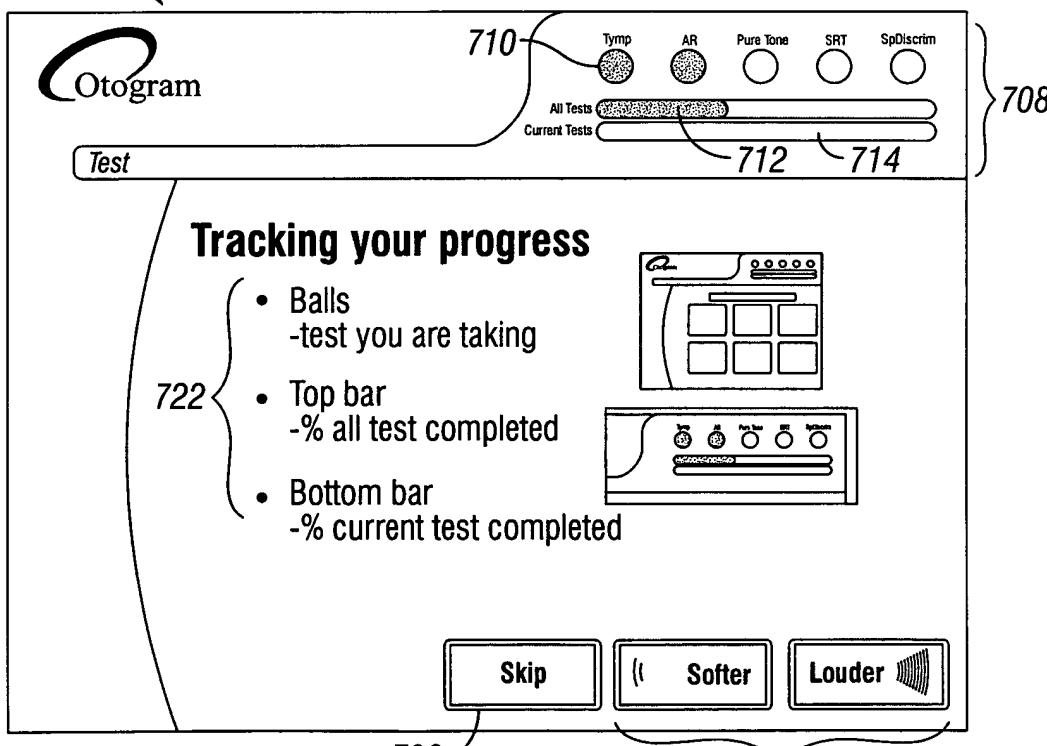
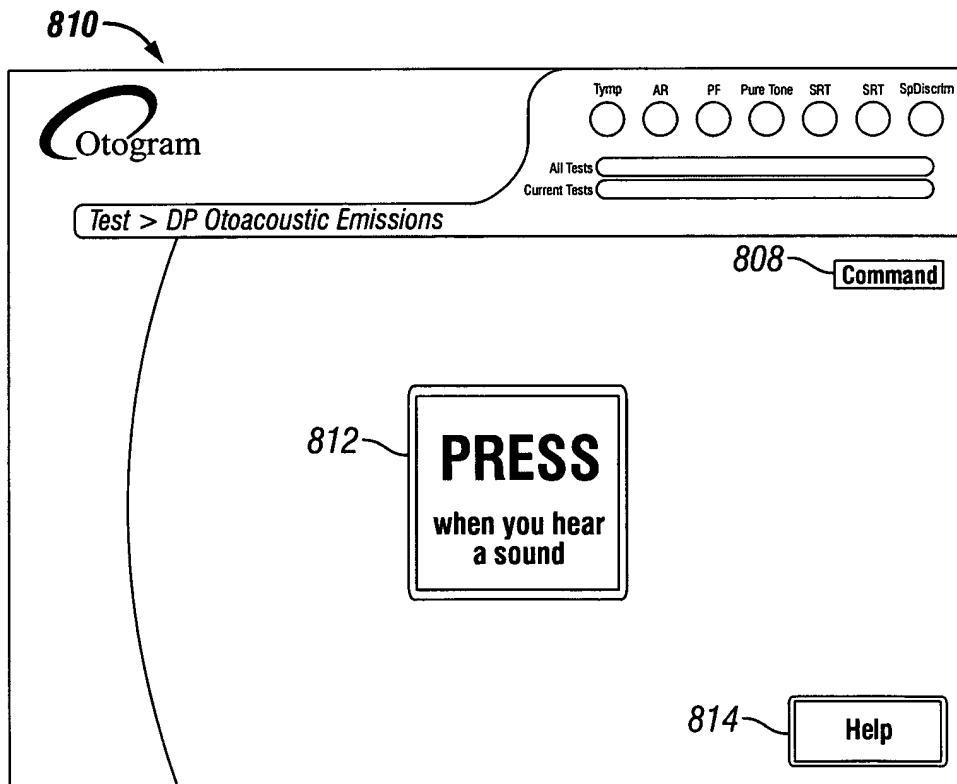
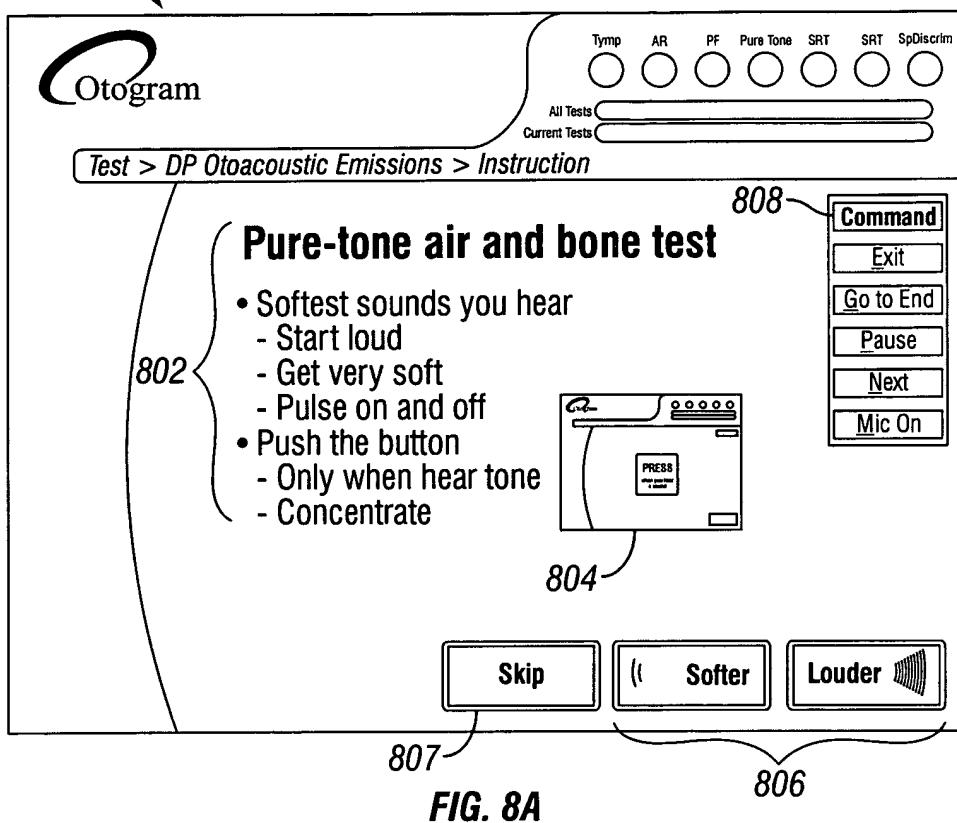


FIG. 7B

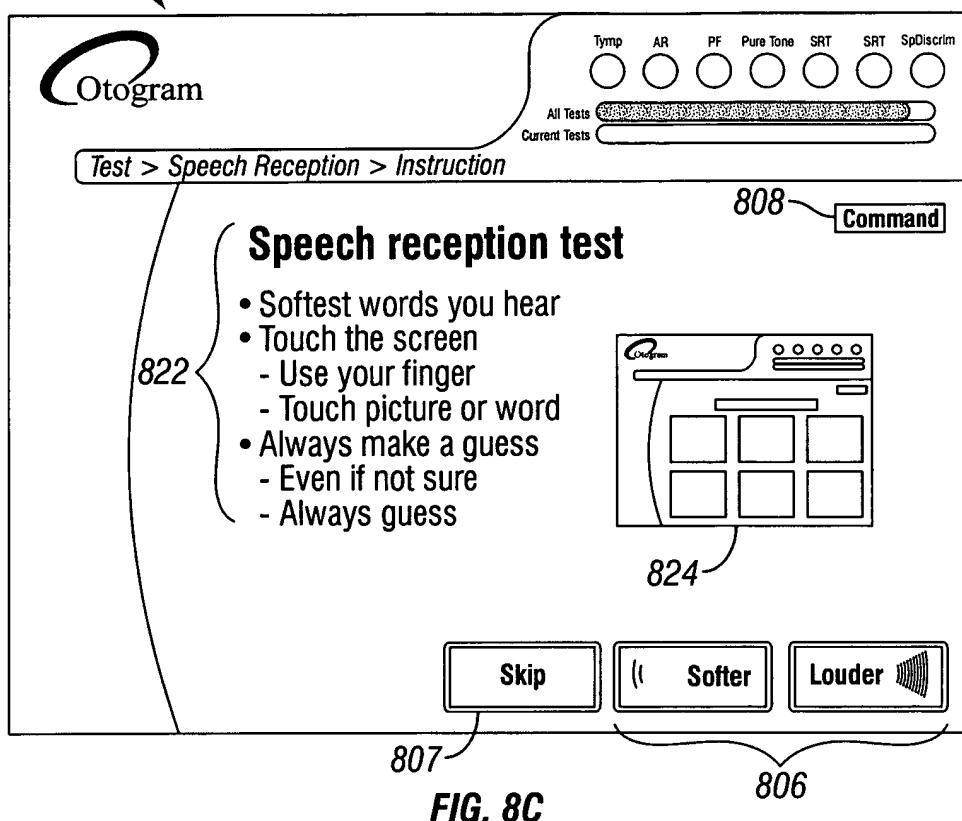
# REPLACEMENT SHEET

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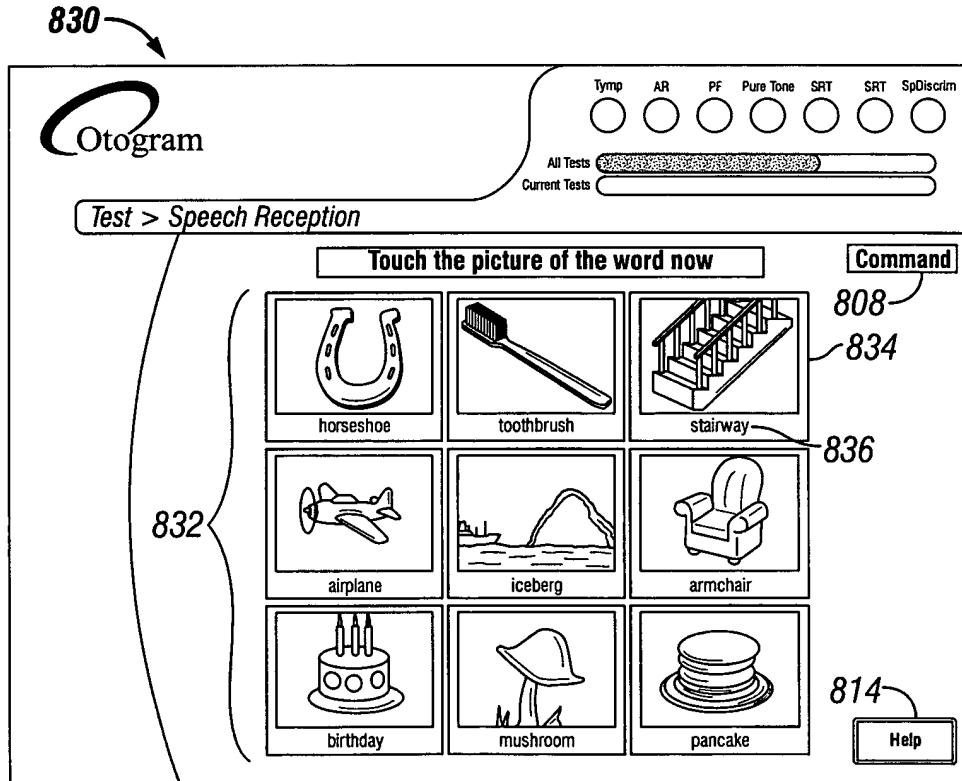


# REPLACEMENT SHEET

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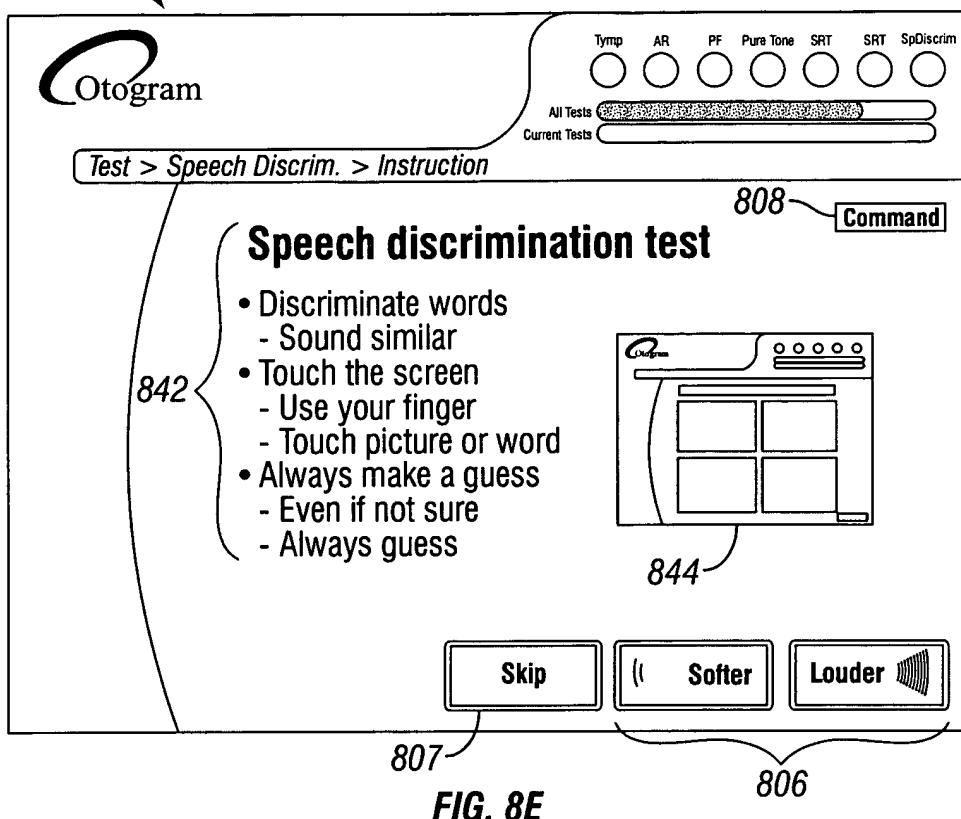
**FIG. 8C**



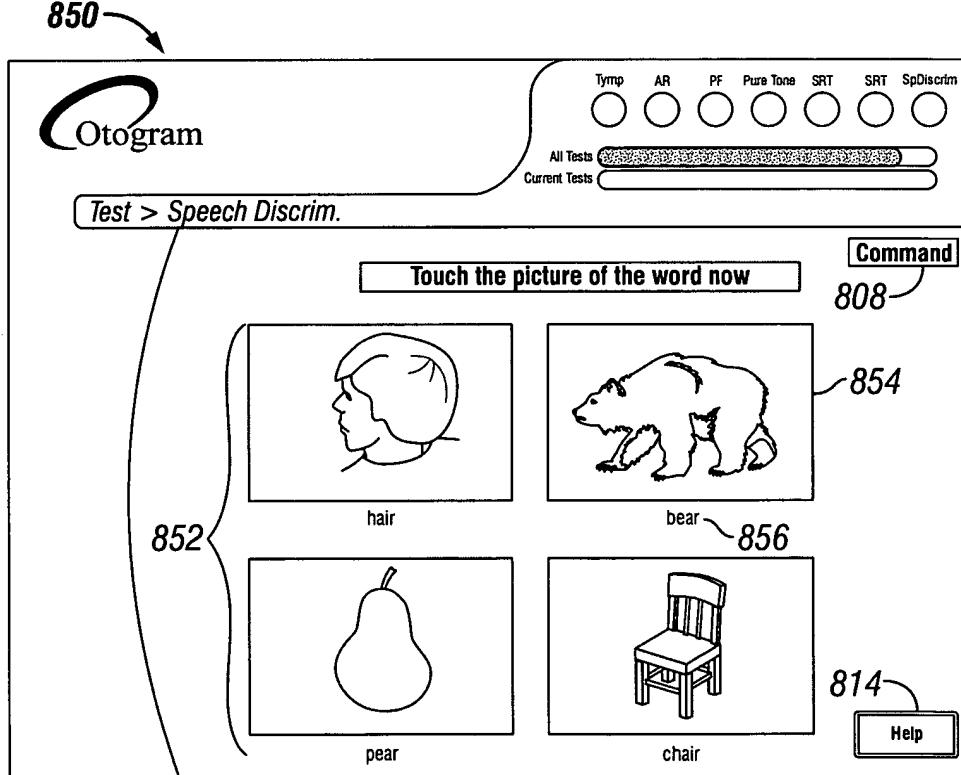
**FIG. 8D**

# REPLACEMENT SHEET

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**FIG. 8E**



**FIG. 8F**

# REPLACEMENT SHEET

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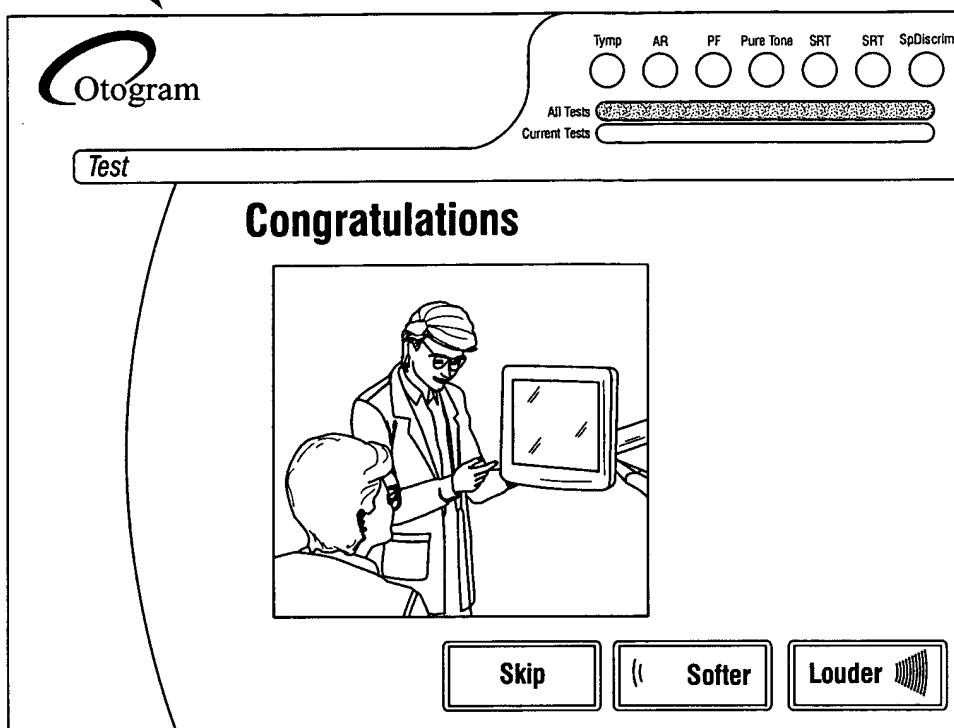


FIG. 8G

870 →

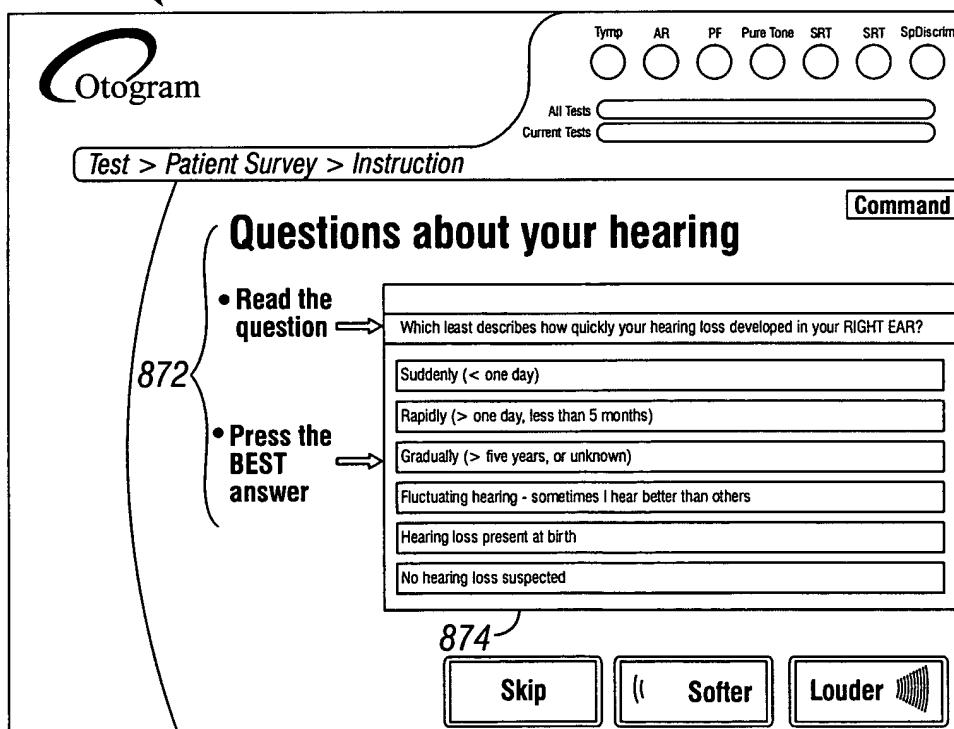


FIG. 8H

**REPLACEMENT SHEET**

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880 →

**Otogram**

Tymp AR PF Pure Tone SRT SRT SpDiscrim

All Tests Current Tests

**Test > Patient Survey**

882 →

**Hearing Questionnaire**

Does a hearing problem cause you to use the phone less often than you would like?

Yes

Sometimes

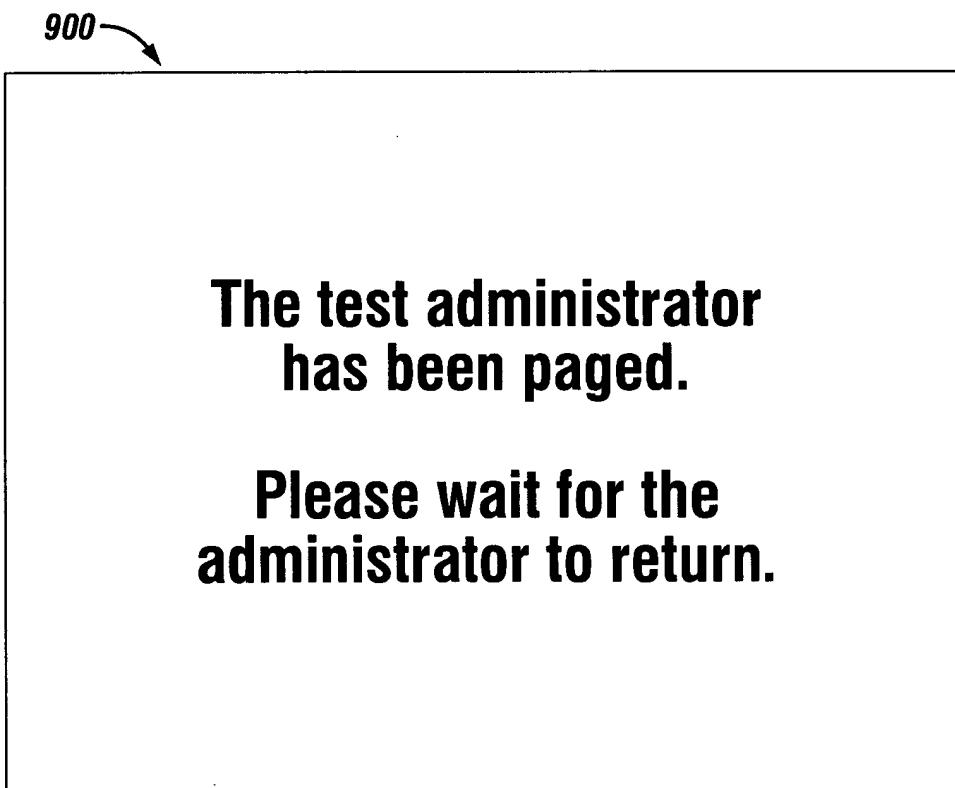
No

884 →

**Command**

△ ▽

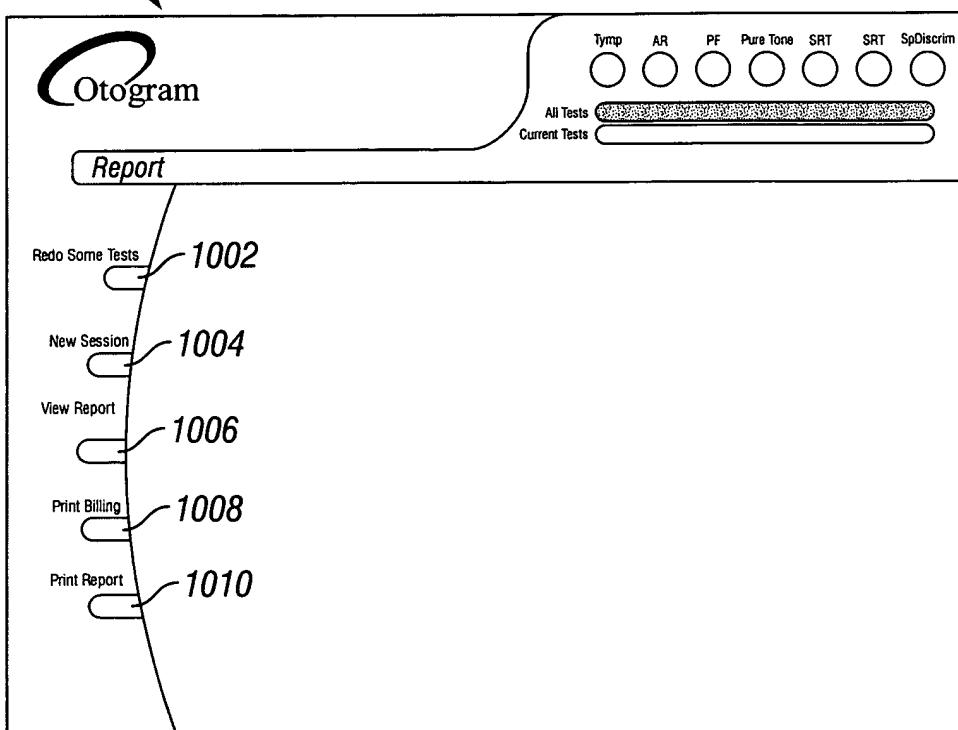
**FIG. 8I**



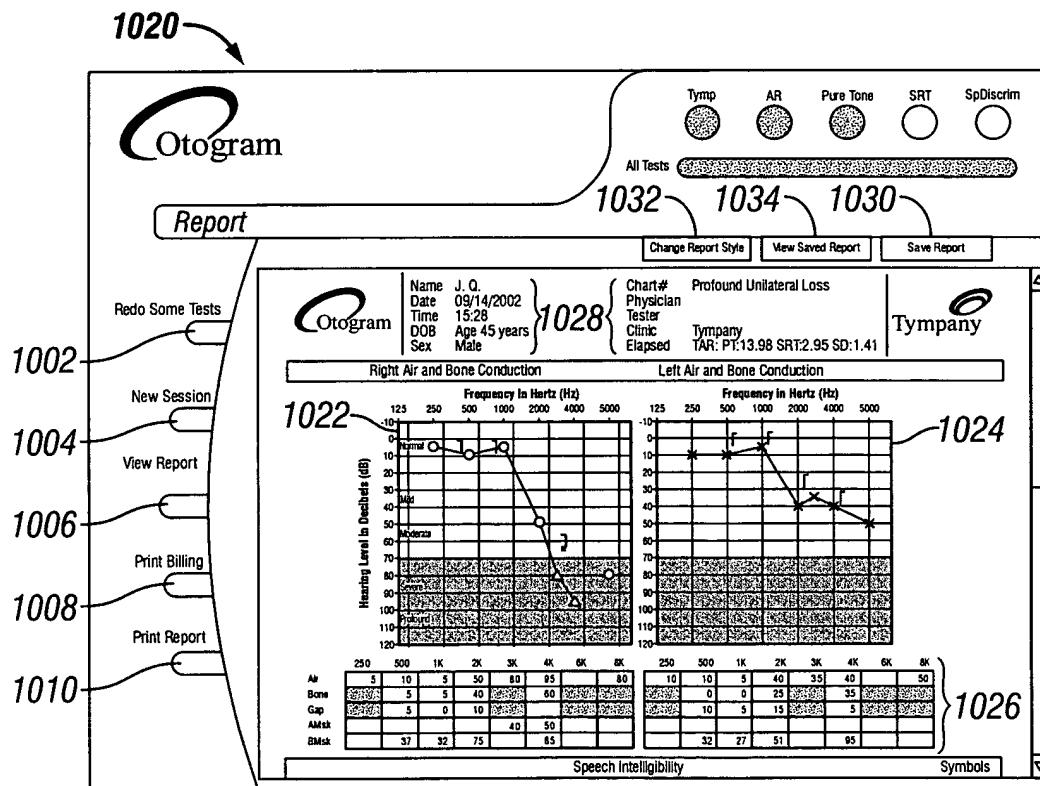
**FIG. 9**

# REPLACEMENT SHEET

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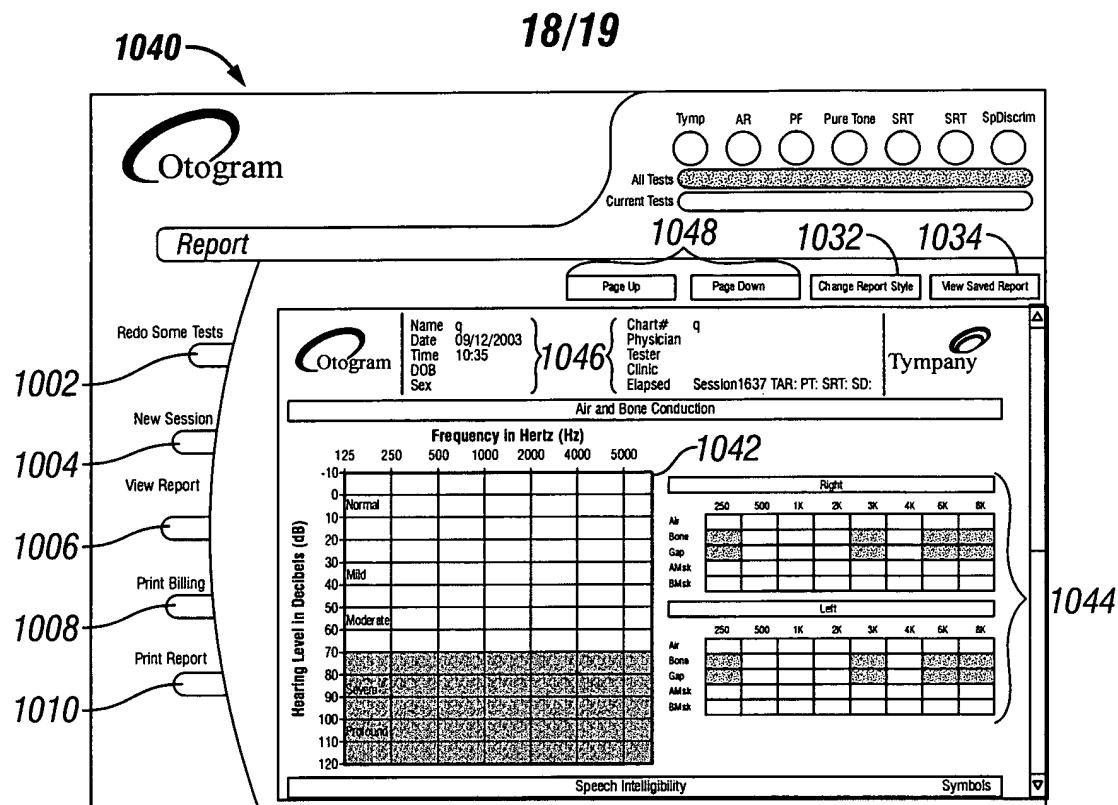


**FIG. 10A**



**FIG. 10B**

# REPLACEMENT SHEET



**FIG. 10C**

**1050** → **Report Search**

**Sort By**    **Clinic**  
**Select By**    **Date of Test**  
**Criteria**    **1054**  
**Display All**    **Search**    **Cancel**

**1052**

**FIG. 10D**

# REPLACEMENT SHEET

**19/19**

Otogram		<input type="radio"/> Tymp <input type="radio"/> AR <input type="radio"/> PF <input type="radio"/> Pure Tone <input type="radio"/> SRT <input type="radio"/> SRT <input type="radio"/> SpDiscrim <input type="checkbox"/> AllTests <input type="checkbox"/> Current Tests																																																																																																					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>Test</b>  <input type="button" value="Compare"/> <input type="button" value="View"/> <input type="button" value="Print"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Patient</th> <th>Chart #</th> <th>Test Date</th> <th>Time</th> <th>Clinic</th> <th>Physician</th> <th>Tester</th> <th></th> </tr> </thead> <tbody> <tr><td>1234</td><td>1234</td><td>06/16/2003</td><td>17:01</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>Jenny</td><td>13245</td><td>06/05/2003</td><td>16:40</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>Kenny</td><td>ariane</td><td>06/06/2003</td><td>16:06</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>asdf</td><td>asdf</td><td>06/10/2003</td><td>10:31</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>doh</td><td>gdh</td><td>06/06/2003</td><td>17:01</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>gfa</td><td>gfa</td><td>06/10/2003</td><td>16:42</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>blue</td><td>green</td><td>06/11/2003</td><td>12:55</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>jenny</td><td>jenny</td><td>06/11/2003</td><td>13:15</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>Dave</td><td>Ken</td><td>06/11/2003</td><td>12:46</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>Ken</td><td>Ken</td><td>06/11/2003</td><td>16:12</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> <tr><td>q</td><td>q</td><td>06/25/2003</td><td>13:13</td><td></td><td>Dr. Smith</td><td>Jane Doe</td><td>Log Data Tymp Audiogram</td></tr> </tbody> </table> </div> <div style="margin-top: 10px;"> <input type="button" value="Page Up"/> <input type="button" value="Page Down"/> <input type="button" value="Change Report Style"/> <input type="button" value="View Saved Report"/> </div>								Patient	Chart #	Test Date	Time	Clinic	Physician	Tester		1234	1234	06/16/2003	17:01		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	Jenny	13245	06/05/2003	16:40		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	Kenny	ariane	06/06/2003	16:06		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	asdf	asdf	06/10/2003	10:31		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	doh	gdh	06/06/2003	17:01		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	gfa	gfa	06/10/2003	16:42		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	blue	green	06/11/2003	12:55		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	jenny	jenny	06/11/2003	13:15		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	Dave	Ken	06/11/2003	12:46		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	Ken	Ken	06/11/2003	16:12		Dr. Smith	Jane Doe	Log Data Tymp Audiogram	q	q	06/25/2003	13:13		Dr. Smith	Jane Doe	Log Data Tymp Audiogram
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1060 1076 1032 1034  
1062 1064 1066 1068  
1002 1074 1066 1072  
1008 1074 1068 1070  
1010 1074 1066 1072

**FIG. 10E**

